MHE SHOP REPAIR ORDER							
ISSUED TO (Name)	ADDRESS						
EQUIPMENT IDENTIFICATION NO.	EQUIPMENT MANUFACTURE						
ORDER NUMBER	HOUR METER READING						
DATE OF REPAIR/TIME-IN	DATE COMPLETED/TIMEOUT						
AUTHORIZED BY	DOWN TIME (Hours)						
	DESCRIPTION OF REPAIRS OR SERVICES						

DATE	MECHANIC INITIAL H	LAB	OR TIME	LABOR COST	<u>PART NUMBER</u> DESCRIPTION	QTY.	UNIT COST	COST
		HRS.	RATE					
						l		
TOTAL COST OF LABOR \$		\$	TOTAL COST OF PARTS		e	\$		
			TOTAL COST OF PARTS		<u> </u>	<u> </u>		
I certify that services and repairs herein have been completed.		ieiii iiave	TOTAL COST OF LABOR		D	\$		
		DATE	TOTAL COST OF LABOR		n	<u> </u>		
		COMPLETED	ADDITIONAL CO	ет іг	A NIV	\$		
			ADDITIONAL COST, IF ANY		ANT	Υ		
			T-0	TAL 04	OCT	\$		
					10	OTAL COST		Ÿ